

Please submit electronically :
Activity Coding System
Attention: Darlene Prevatt
South Carolina Department of Education
Office of Federal and State Accountability
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Columbia, South Carolina 29201
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Office of Federal and State Accountability Dual Enrollment Course Activity Code Request for Addition

| | | |
|---------------------------------|--------------------------------|---|
| DATE: | SCHOOL and/or DISTRICT: | |
| CONTACT NAME/TITLE: | CONTACT PHONE: | |
| | | |
| CONTACT MAILING ADDRESS: | CONTACT EMAIL ADDRESS: | |
| | | |
| COURSE TITLE: | SUBJECT AREA: | WILL MEET GRADUATION REQUIREMENTS FOR: |
| | | |
| COURSE DESCRIPTION: | | |
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